

Infection and Immunisation Declaration

Form A

Student Details & Declaration

This section must be completed by the student undertaking the placement.

Student name: _____ Student ID: _____

Course: _____ Year level: _____

I declare that:

- I have read and understood the [Flinders University Immunisation Standard and Precautionary Advisory Booklet for Health Professional Students](#) and agree to comply with the *Immunisation and Blood-borne Viruses Policy*, therein and available online.
- I acknowledge and accept that it is highly recommended that I obtain an annual influenza vaccination, as a duty of care for myself and others.
- I acknowledge and accept that it is my responsibility to:
 - Ensure that I am protected from infection of vaccine-preventable diseases at all times during my studies;
 - Seek professional medical advice, as soon as practicable, following any situation that may result in my possible infection with any transmissible infection that could impact on my suitability to undertake a placement;
 - Take all reasonable measures to prevent transmission of infectious diseases from myself to others;
 - Comply with any additional infection and immunisation requirements as advised by my placement provider;
 - Complete any immunization program that I have commenced to be compliant with Immunisation policy;
 - Ensure that the University is advised of any changes to my Immunisation status for the duration of my studies.
 - Complete the Tuberculosis questionnaire at <http://www.pages.on.net/questionnaire.php> and supply my results as directed by my College.
- If found to be infected with a blood-borne virus at any time prior to or during my clinical studies, I agree to consult with a specialist medical practitioner regarding the nature of the virus, extent of infection and likelihood of transmission. I also undertake to communicate this information, along with their advice regarding my suitability to undertake clinical and coursework activities according to accepted professional standards, to Flinders (“the University”) in writing as soon as practicable.
- **I am aware that infection with a blood-borne virus, incomplete immunisation, or non-compliance with any of the requirements specified in *Flinders University Immunisation Standard and Precautionary Advisory Booklet* may impact on my suitability to complete placements, and that the decision to accept students into a professional environment rests solely with the placement provider.**
- I am aware that some placement providers will require that I show serological evidence of regular testing and vaccination, and I agree to provide this evidence upon request.
- I confirm that I will present this signed document to the Course Coordinator, or their delegated representative, so they may sight the document, as part of my duties to prepare for placements.
- I consent to the University communicating any relevant details to appropriate University and placement provider staff for the purposes of coordinating my student placements.
- I understand that I may be required to produce a copy of my completed Certificate of Completion and supporting documents (vaccination records and/or serology results) on request for the purpose of a random audit of my immune status.

Signature: _____ Date: _____



Form B

Certificate of Compliance

This form must be completed before you are permitted to undertake a placement

This section must be completed by an immunisation provider.
COMPLIANCE WITH IMMUNISATION AND BLOOD-BORNE VIRUSES POLICY

STUDENT NAME _____ STUDENT ID _____

Course: _____ Year level: _____

Instructions for Practitioners

Complete this Certificate after any indicated blood test results are available and vaccinations given. For each Vaccine Preventable Disease: If confirmed by blood test, provide the student a copy of the supporting serology. If confirmed by vaccination record, write in the dates of when doses were given. If a multiple-dose course of vaccinations is required, complete this after the first vaccine is given, except for Hepatitis B that requires 2 doses.

DISEASE	IMMUNITY CONFIRMED BY <i>(tick all that apply)</i>	DATES VACCINES GIVEN, IF REQUIRED	VACCINE GIVEN BY <i>(NAME)</i>
Chickenpox (Varicella-Zoster)	<input type="checkbox"/> Confirmed by blood test result	Dose 1: / /	
	<input type="checkbox"/> Confirmed by vaccination record	Dose 2: / /	
Diphtheria, Tetanus and Pertussis	<input type="checkbox"/> Confirmed by vaccination record of booster dose in last 10 years	Dose 1: / /	
Hepatitis B	<input type="checkbox"/> Confirmed by blood test result	Dose 1: / /	
		Dose 2: / /	
		Dose 3: / /	
Measles, Mumps and Rubella	<input type="checkbox"/> All 3 confirmed by blood test result <input type="checkbox"/> Confirmed by Vaccination Record <input type="checkbox"/> Confirmed by birth before 1966	Dose 1: / /	
		Dose 2 or booster: / /	
Poliomyelitis	<input type="checkbox"/> Confirmed by vaccination record <input type="checkbox"/> Confirmed by Statutory Declaration	Dose 1: / /	
		Dose 2: / /	
		Dose 3: / /	
Hepatitis A*	<input type="checkbox"/> Confirmed by vaccination record <input type="checkbox"/> Confirmed by blood test result	Dose 1: / /	
		Dose 2: / /	

*Hepatitis A is **not required** unless specified by your course. It is **only recommended** for students working in Indigenous communities or with Indigenous children and for carers of people with developmental disabilities. Discuss with your doctor if concerned.

The following tests are recommended so that the student is aware of their status with respect to these diseases; this section is not mandatory. Individuals are not legally required to disclose their HIV or Hepatitis C status.

Hepatitis C Has been serologically tested
 Human Immunodeficiency Virus (HIV) Has been serologically tested

Authorised Immunisation Provider Declaration

In Progress
 The above-named person has commenced a course of vaccination (as indicated above) and will require further follow up.

Practice Stamp
or Address Here

Provider No: _____
 Date: _____ Print Name: _____

Signature: _____

Compliant
 The above-named person has acceptable evidence of immunity to the vaccine-preventable diseases noted above.

Practice Stamp
or Address Here

Provider No: _____
 Date: _____ Print Name: _____

Signature: _____

Acceptable evidence of immunity to specific VPDs for students

VPD	Acceptable evidence of immunity
Chickenpox (Varicella-Zoster)	Documented serological evidence of varicella antibody (IgG) <u>or</u> documented evidence of age-appropriate varicella vaccination. Confirmation of immunity post-vaccination not required.
Diphtheria Tetanus Pertussis	Documented evidence of booster dose of diphtheria/tetanus/pertussis-containing vaccine in the last 10 years. Confirmation of immunity post-vaccination not required.
Hepatitis B	Documented serological evidence of Hepatitis B surface antibody (>10mIU/ml) following completion of course of hepatitis B vaccine or documented evidence of hepatitis B core antibody. Confirmation of immunity post-vaccination is required for all students after completion of vaccination course. All students who have lived in a hepatitis B endemic country for at least 3 months are required to have serology including hepatitis B surface antigen prior to vaccination.
Measles Mumps Rubella	Documented serological evidence of measles/mumps/rubella antibody (IgG) <u>or</u> documented evidence of 2 measles/mumps/rubella-containing vaccines at least one month apart <u>or</u> born before 1966 <u>or</u> documented laboratory evidence of past infection. Confirmation of immunity post-vaccination not required.
Poliomyelitis	Historical evidence of at least 3 doses of polio vaccine (IPV or OPV). If documented evidence of vaccination not available, a statutory declaration stating student has had a full vaccination will be accepted. Confirmation of immunity post-vaccination not required.
Hepatitis A	Documented serological evidence of hepatitis A antibody (IgG) <u>or</u> documented evidence of completed course of hepatitis A vaccine <u>or</u> documented laboratory evidence of past infection. Confirmation of immunity post-vaccination not required.

Other Blood-borne diseases

Disease	Consideration
Hepatitis C (HCV)	It is recommended that students obtain serological evidence with regard to these 2 diseases, as it is important to know their status, especially if the student is exposed to bodily fluids. Students are not required to advise third parties (including Flinders University and SA Health) of their HCV or HIV status.
HIV (Human Immunodeficiency Virus)	